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ABSTRACT

This report describes the psychological profile of a police officer who suffers from three dimensions of emotional complication: combat post-traumatic stress disorder (CPTSD), alcoholism, and role immersion. Each of the three dimensions is discussed separately, followed by a discussion of their interaction and unification. It is noted that alcohol and other drugs can suppress the symptomatology of CPTSD for many years and that when a person stops using drugs, he/she may experience CPTSD most intensely. CPTSD is defined and symptoms of the disorder are listed. Reasons why CPTSD victims may be attracted to police work are considered. Alcoholism and some behavioral compensation expressions used by alcoholics are discussed. The creation of role immersion or professional protective emotional suppression in the police officer is explained. Seven dimensions of professional protective emotional suppression are described. The interaction of CPTSD, alcoholism, and role immersion in the police officer is discussed. The report concludes with a set of recommendations for treating the alcoholic police officer. (NB)

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Abstract

This clinical treatise describes and discusses the psychological profile of the alcoholic police officer also suffering from combat post-traumatic stress disorder (CPTSD). Professional role immersion is also discussed as an additional complication to the already complex treatment profile.

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Dr. Machell is also an active author having published numerous articles in his speciality areas, such as *Deprivation in American Affluence: The Theory of Stimulus Addiction, Fellowship as an Important Factor in the Residential Treatment of Alcoholism, The Lethality of the Corporate Image to the Recovering Corporate Executive Alcoholic,* and *The Recovering Alcoholic in For-Profit Alcoholism Treatment Salesmanship: A Psychological Risk*. His published Fordham University doctoral dissertation is titled, *Belongingness-The Critical Variable in the Residential Treatment of Alcoholism*.

Combat Post-Traumatic Stress Disorder, Alcoholism, and the Police Officer

This clinical treatise describes the psychological profile of a police officer who suffers from three dimensions of emotional complication and/or malady: combat post-traumatic stress disorder, alcoholism, and role immersion. These three "layers" of complication need to be addressed in the addiction treatment efforts with this population. The description of these three dimensions will offer the addiction treatment professional some understanding of this complex profile and will offer some treatment recommendations. Each of the three dimensions will be discussed separately followed by a discussion of their interaction and unification. Portions of this paper have been excerpted from D.F. Machell's Alcoholism Treatment Quarterly article, "The Recovering Alcoholic Police Officer and the Danger of Professional Emotional Suppression" (In Press).

The reader might wonder why an interest in combat PTSD so many years after the Vietnam War? The answer which this author will be elaborating on in this article is that alcohol and some other drugs suppress the symptomology of CPTSD and can do so for many years. When the person stops the use of the drugs, the person may experience CPTSD most intensely. Therefore, treatment facilities may have vets just coming into addiction recovery that are just now experiencing their war trauma for the first time in a treatment setting.

Dimension 1:
Combat Post-Traumatic Stress Disorder (CPTSD)

Post-traumatic stress disorder is defined by this author as a process of emotional distress with a clearly distinct collection of symptoms caused by an emotional trauma experience(s). The trauma can be of long or short duration but the trauma often has an intense imprinting potential. The trauma creates psychic hurt which will fester into anxiety, then anger, and even to rage (when inverted, depression). This psychic hurt creates an "acid effect" dissipating the person's self-esteem, by fostering and reinforcing negative emotions with which positive self-esteem cannot co-habitate.

Combat, especially our most recent Vietnam experience, traumatizes by depriving the human of the basic human need for safety and/or a superego/ego conflict

(the environment and the person's personal behavior/thinking conflicts with the person's much reinforced personal value system). The deprived human basic need for safety can be an enormously devastating and maddening experience and can portray the person in his/her own eyes as a victim immersed in an "out-of-control" environment.

The CPTSD victim as well as PTSD victims of other trauma experiences (rape, fires, etc.) may display the following symptoms:

--anger, irritability and rage
--anxiety reactions
--chronic depression
--difficulty trusting others
--emotional constriction or numbness
--guilt over acts committed or witnessed, guilt over the failure to prevent certain events, or merely having survived while others did not
--hyperalertness and startle reactions; impacted grief
--intrusive memories
--isolation and alienation from others
--loss of interest in pleasurable activities
--low tolerance to stress
--problems with authority
--self-esteem problems
--sleep disorders and nightmares
--substance abuse (Penk, Robinowitz, 1987)

Without treatment, these symptoms will psychically reinforce the initial trauma of the person. It is an emotional process which feeds on itself, growing, deepening, ingraining itself over time if not interrupted.

The CPTSD victim as police officer offers a most interesting psychological profile. Police work may be attractive to the victim because it may offer the person a controlled, clearly defined, highly structured professional territoriality context which will offer an antipolar and compensation process to the CPTSD person. As an example, the gun to a CPTSD victim was his only way of perceiving control and safety in a hostile, depriving combat environment. This device is again available to the combat soldier as police officer and may represent the same comfort, whether conscious or unconscious. We are aware that CPTSD victims are often gun collectors, so that this attraction has been well noted.

While the CPTSD victim may be attracted to police work for the reasons mentioned, they can also be drawn to alcohol and/or drug usage in order to diminish the intensity of the CPTSD symptoms. Just as the police officer role may be used for relief from the CPTSD, so too the alcohol and/or drugs will bring comfort (See Figure 1)

[Insert Figure 1]

Dimension 2:

A Disease of Feelings Suppression

The alcoholic throughout his/her drinking life has held feelings within self. These feelings have been medicated by the use of alcohol. In Figure 2, in the inner ring, is listed some of these common internally suppressed feelings.

[Insert Figure 2]

These feelings not expressed and not resolved, create a state of high internal anxiety, high fear levels, internal feelings of lack of worth, thanatos or self-disgust dominancy, feelings of intense uneasiness about self-controls, and feelings of little control over life determinations (see Figure 3, outside of rings) (Machell, 1984).

[Insert Figure 3]

The alcoholic tries to numb his/her self emotionality by alcohol usage, but also creates some behavioral compensation expressions: behavioral mechanisms which help to deceive self, thereby protecting self from feelings of fear and inadequacy. A person, for example, who has experienced hurt at one point in time and has not resolved this feeling, may create an anger mechanism to ward off any further possibility of hurt. A person who feels unsure of self may create a mechanism of charm so that others will "like them" and offer reassurance and positive response. Figure 2 and 3 indicates in the outer ring these examples and these other compensation expressions:

Grandiosity- if a person feels inadequacy internally, it is very often helpful to create a comforting dream-like view of self, bigger than life.

Delusion- reality can be painful and necessitates self-learning, unless a person denies the reality and changes it in their own perception to conform to their own convenience.

Aggressiveness- a forceful demeanor will mislead others as to the alcoholic's true emotional situation, and will also

support the alcoholic's deluded conviction that everything is fine!

Righteousness- portraying uprightness conceals internal turmoil and again offers more self-deception material, usable in undoing reality.

Compulsive-Obsessiveness- the internally suppressed energies contribute to high levels of anxiety, which fosters emotionally-induced behavioral responses and possibly frantic exertions of these energies, such as frantic work investments.

Euphoria- internal uneasiness can be denied by external gestures and expressions of "upness:" the true feelings again denied to self and others.

Perfectionism- a person who feels uncertain of internal controls will compensate by insisting that all externals of self and others be in complete order and up to the highest standards and expectations. The externals to appease the internals! (Machell,1987)

Dimension 3:
The Creation of Role Immersion or Professional Protective Emotional Suppression (PPES)

Psychic battering can be defined as a continual condition of conflict-inducing happenings. The human psyche has an enormous capacity for accomodating psychic battering and there is much evidence of the human mind's ability to accomodate these happenings. Some of these accomodation mechanisms are temporary, lasting only as long as the psychic battering occurs, but in some professions that are high in psychic battering, these mechanisms are reinforced over time and become ingrained into the personality's ritualized modus operandi.

Police Officers belong to a profession which is commonly viewed as a profession high in psychic battering: at one end of the spectrum, violence and fear and at the other end, monotony and inactivity, both extremes are difficult and may be conflict-inducing.

Professional Protective Emotional Suppression (PPES) (Machell, 1989) is a conditioned and reinforced over time collection of defense mechanisms, created by several dimensions of emotional response. The officer over time develops this response out of what he/she emotionally brought into the work and added to, by response to the workplace environment. As sedimentary rock forms by layers throughout the years, a layer of suppression

material forms and hardens, sometimes to harden like the rock in this analogy. PPES is an emotional response which displays as a main feature suppression of feelings: the holding in of feelings and the denial and/or the lack of awareness of their existence. This process has various levels of creation as indicated below.

These emotional features combine to create the reason that police officers are so susceptible to various emotional disturbances, such as depression, alcohol/drug abuse, interpersonal/relationship problems, suicide, etc. The PPES compounds the problems of the recovering alcoholic in law enforcement intensely and may neccessitate his/her departure from the profession in order to recover. The dimensions of PPES are as follows:

1. Emotional Intrapersonal- This dimension constitutes feelings that we have for ourselves. Some persons, because of influences in early life, may have low levels of self-esteem. These individuals may strongly need a professional role to ensure self-worth and may utilize it consistently over time without lowering the role to adapt to other life circumstances. They may find themselves responding to all life circumstances "as a cop."

2. Cognitive Intrapersonal- a self-belief system created from early life of how a person perceives himself/herself with respect to their realities. As example, a perception of ourselves as "not talented," as not worthy of affection without achievement, might create an adult worker who confuses affection and achievement, and because their professional role does give feelings of achievement, the person feels as nothing without their role as their major achievement vehicle (Ellis, 1982).

3. Interpersonal- a person's fluency or non-fluency in the process of social interaction can be important in contributing or diminishing stress in life. A person with low social fluency may gain comfort by being concealed by the facade of their role. This low fluency may have an emotional dimension (I don't feel comfortable in a social setting) and a cognitive dimension (I don't see myself fitting in this social context!). They may then only be comfortable with persons of the same role, which further consolidates and reinforces their role dependency.

4. Societal Norms- a person's perception of their society

may indicate that men are macho, and police officer are the ultimate of macho! A role consolidated by *shoulds* and *musts* !

5. Cultural/Ethnic Norms- the person may be affected by their cultural/ethnic/racial heritage by the reinforcement of a tradition of passive suppression of feelings, for example.

6. Societal Role Expectations- the person may perceive that the police officer is expected to behave and respond in the ultra-perfectionistic manner: a "Dirty Harry," emotionally cool and emotionally unresponsive!

7. Realistic Stress Producers (Psychic Battering)- the Police Officer does experience a continual condition of conflict-inducing happenings. Often the person will use the defense mechanism of denial to put these happenings "out-of-mind" in order not to interfere with the functioning of the person's cherished and possibly desperately needed role function. The denial suppresses memory of these experiences and the feelings associated with them.

The seven dimensions indicated above may come together to create in the police officer a ritualized suppression of feelings which has developed in the person throughout the years and during the professional years in law enforcement.

PPES is a common phenomenon in police officers and other professions where deep role immersion is a common process, such as in physicians, clergy, etc.; all with slight variations to the seven dimensions, of course.

It should be noted here, that PPES does not indicate a psychological disturbance. It possesses a positive aspect in that it offers a defense process to help the person to disregard and disown potentially hurtful stimuli from the environment, but it does simply indicate a personality style of possibly extreme limitation of emotional expression and investment. PPES will make the person more vulnerable to psychological disturbance and in the case of a person who contracts such a disturbance, such as alcoholism, may make the pathology more complex and difficult to treat adequately.

<u>Dimensions Combined:</u>
<u>The Concept of Professional Protective Emotional</u>

Suppression (PPES), Alcoholism, and CPTSD

This recovering alcoholic police officer is suffering from the disease of alcoholism, PPES, and CPTSD (Figure 4). The alcoholism and the role immersion or PPES will suppress the CPTSD symptomology. This person will experience immense misery. When not in alcohol stupor, CPTSD symptoms (as listed in the CPTSD section) may haunt the person in daytime activities and at night. These symptoms "under pressure" over time may be augmented and may generalize to infect many functioning areas of the person's life.

• In his work, empathy may not be able to be produced. To this person introspection will be painful. Introspection will be necessary for identification to happen, which in turn without identification, empathy will not be possible. It is interesting that a person with this alcoholism/CPTSD/PPES profile may not be empathetic to a rape victim although her psychological profile at least on the PTSD dimension, are very similar (Machell, 1986).

Recommendations and Conclusion

In the treatment of the alcoholic police officer these recommendations/issues should be followed:

-- Police Organizations need to realize that alcoholics in early recovery may react to their work/career responsibilities excessively and completely. The supervisor will recognize that an Officer returning from formal treatment may show intense interest in his/her work tasks, but may not realize what the employee is emotionally experiencing. The intense compulsive-obsessive energies of the newly recovering person will camouflage the real problem issues; again behavior which denies the feelings beneath.

-- Supervisors and departmental policy-makers on all levels should receive some training workshops in understanding alcoholism and drug addiction, especially the psychological suppression capabilities of these disease dimensions.

--Supervisors should be sensitive to the needs of their recovering employees and should receive

coaching and advice from an addiction employee assistance counselor whenever possible.

--It is important in the vast majority of cases that the newly recovering person be actively involved in Alcoholics Anonymous along with CPTSD support groups. It would be very desirable if an AA group with CPTSD victims or combat peers can be organized.

--Individual or group counseling with a non-psychiatric addiction treatment specialist who understands this three dimension profile is highly desirable. Often departments employ recovering, counseling-trained police officers in counseling roles. This may be an effective plan depending on the training, personality qualities, and psychological health of the person. Peer police counselors with a trained and informed therapist may be another alternative. It should be noted here that great care should be taken in the choice of the right counselor/therapist. In the mental health fields there is an immense lack of understanding and empathy with respect to addicted persons. In choosing a recovering person as a treatment professional, psychological health needs to be scrutinized very carefully. Most recovering treatment professionals should be actively involved in AA in order to not allow the disease properties of clients to have a corrosive effect on their own recoveries. Of course, all treatment professionals would gain from therapeutic relationships outside of their work, especially if they are immersed in work with highly delusional persons.

--Some alcoholism outpatient treatment programs may offer police officer groups which have been shown to be very effective in keeping the PPES complexity issues to a minimum and the person focused on reality in a non-delusional way. If appropriate arrangements cannot be made with area agencies than the law

enforcement organization should internally initiate this process, if not by itself than collaboratively with other area departments. Police officers need to be offered a treatment setting with their professional peers, in order not to ignore the PPES problem.

Alcoholism is a treatable disease and many organizations nationwide deserve praise for their willingness to help their employees.

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FIGURE 1- COMBAT POST-TRAUMATIC STRESS DISORDER ETIOLOGY

1. Trauma-------»»»» Human Safety Need Deeply Denied
Superego/Ego Conflict

Deeply Imprinted

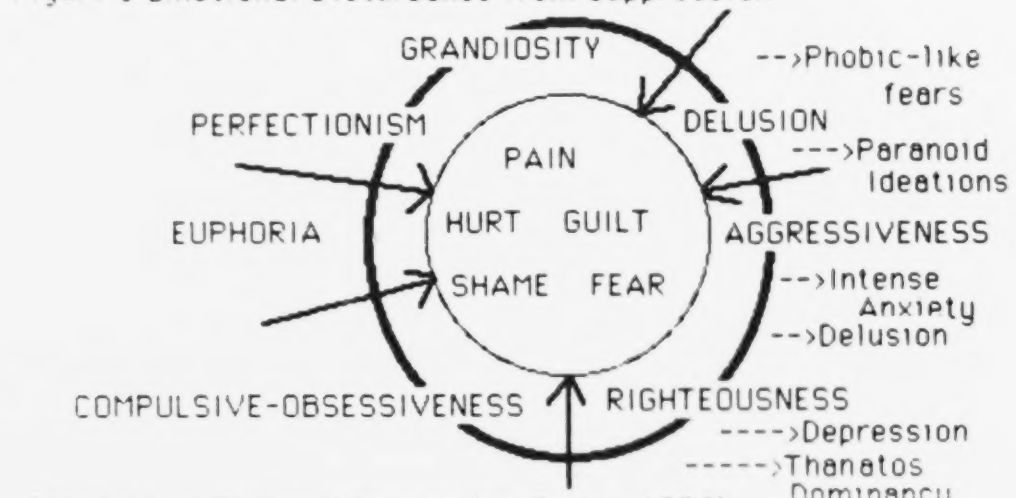
2. Festering Hurt--»»»» Hurt-->Anxiety-->Anger-->Rage
(Inverted= Depression)

"Acid Effect" for Self-Esteem

Figure 2 Addiction A Disease of Emotional Suppression

(Machell, In Press; Wegscheider-Cruse, 1982)

Figure 3 Emotional Disturbance from Suppression



(Machell, In Press; Wegscheider-Cruse, 1982)

Figure 4 The Complication "Dimensions" of Emotional Suppression